Ministry of Health and Health System

Plan for 2015-16

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Government of Saskatchewan

Statement from the Ministers

The Honourable Dustin Duncan

Minister of Health

The Honourable Greg Ottenbreit

Minister Responsible for Rural and Remote Health

We are pleased to present the Ministry of Health's 2015-16 Plan.

Saskatchewan's health care system is undergoing transformational change. We are working hard to provide all residents with timely, patient- and family-centred care.

This plan outlines how we will achieve improvements in priority areas, including mental health and addictions, seniors care, specialist and diagnostic services, and emergency department waits. In these and other areas of focus – patient safety, primary health care, appropriateness, and infrastructure – we are applying innovative approaches that we believe will contribute to the long term sustainability of our health system.

Government's Direction and Budget for 2015-16 is focused on *Keeping Saskatchewan Strong*, balancing building for the future with fiscal responsibility. We want to achieve a better quality of life for all residents by ensuring that people can access health services whenever and wherever they need them.

Through continuous improvements in quality and safety, and by thinking and acting as one system, the Ministry and its partners across the health system are supporting better health for residents, better care for patients, better teams of health providers and better value for taxpayers.

Patients and families will continue to be involved in every improvement initiative.

Our progress, to be outlined in the Ministry's Annual Report, will reflect our continued commitment to an accountable, transparent, 'patient first' health care system.

Government of Saskatchewan

Response to Government Direction

The Government of Saskatchewan is committed to *Keeping Saskatchewan Strong*. The province faces challenges due to volatile resource revenue; however, Saskatchewan's economy is diverse and resilient. There are strengths in many sectors from agriculture and manufacturing to resources such as potash and uranium.

With controlled spending and continued support for the conditions necessary for economic growth, the Government will meet the needs of our growing province. Investments in people and infrastructure continue to support Government's commitment to establishing Saskatchewan as the best place to live, to work, to start a business, to get an education, to raise a family and to build a life.

Saskatchewan's Vision

"... to be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Sustaining growth and opportunities for Saskatchewan people	Meeting the challenges of growth	Securing a better quality of life for all Saskatchewan people	Delivering responsive and responsible government

Government's vision and four goals provide the framework for ministries, agencies and third parties to align their programs and services and meet the needs of Saskatchewan's citizens.

All ministries and agencies will report on progress in their 2015-16 annual reports.

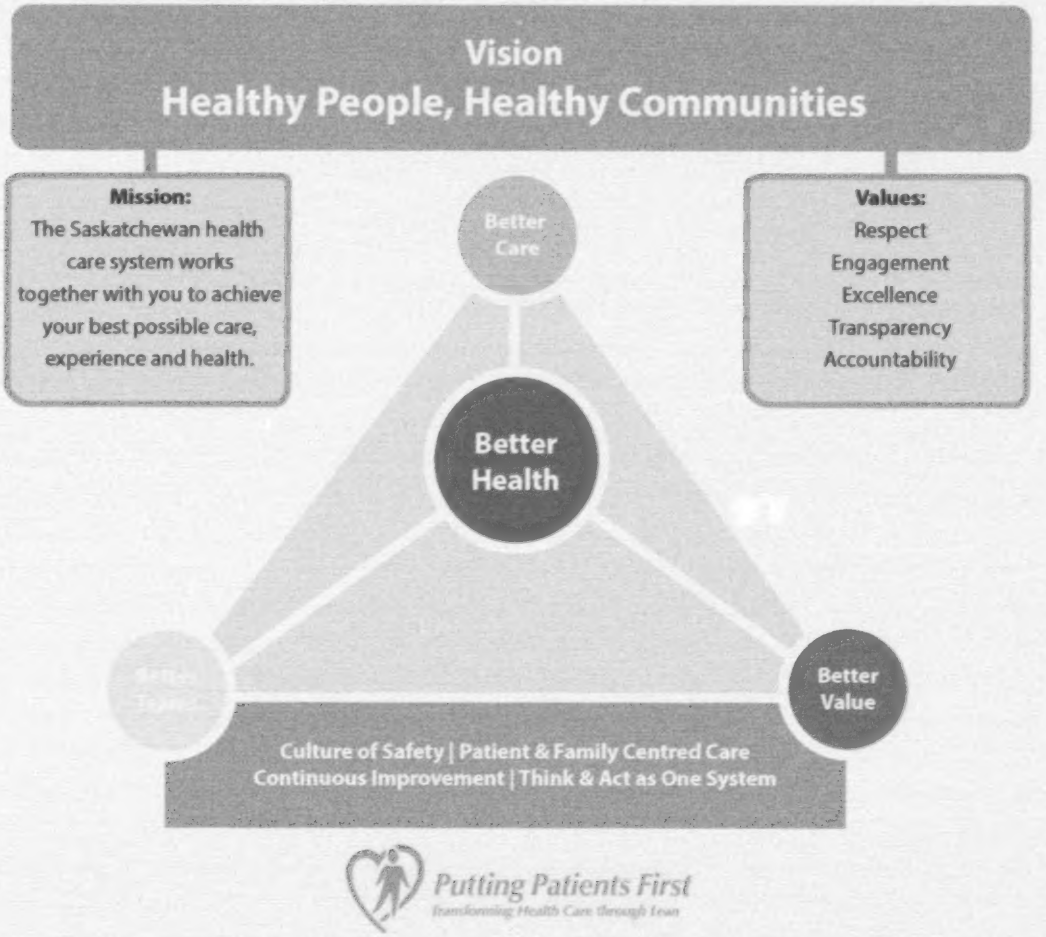
Operational Plan

Mandate Statement

The Ministry strives to improve the quality and accessibility of publicly-funded and publicly-administered health care in Saskatchewan. Through leadership and partnership, Saskatchewan Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

Mission Statement

The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.



Government Goals

Sustaining growth and opportunities for Saskatchewan people	Meeting the challenges of growth	Securing a better quality of life for all Saskatchewan people	Delivering responsive and responsible government

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Health

Ministry Goal

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Strategy

Seniors: By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change. If needs progress to requiring long term care, it is a priority to ensure seniors have the highest quality of care possible.

Key Actions

- Support seniors to remain at home as long as possible while reducing the need for acute care admissions through the Home First / Quick Response Home Care Program. In 2015-16 the Home First / Quick Response Home Care pilot projects in the Regina Qu'Appelle, Saskatoon, and Prince Albert Parkland Health Regions will be enhanced. In addition, the pilot project in the Prairie North Health Region will be expanded to an additional site.
- Better meet the needs of long-term care residents and improve quality outcomes and resident safety by starting to implement Purposeful Rounding in all health regions. Purposeful Rounding is the practice of regularly checking on residents' needs using the 4Ps – *positioning, personal needs, pain and proximity of personal items such as the call light* – with the promise to return in a prescribed amount of time.
- Provide more services and eliminate current waitlists for the Individualized Funding Program through home care in the Five Hills, Prairie North, Regina Qu'Appelle and Saskatoon Health Regions. Individualized Funding provides increased choice and flexibility for home care clients to choose their care provider.
- Develop specialized dementia / behaviour units in Regina and Saskatoon to better meet the needs of a small group of individuals who have complex and difficult to manage behaviours.
- Develop a geriatric program in the Regina Qu'Appelle Health Region, including the recruitment of a geriatrician to provide a range of services to seniors, including support for quality in long term care.
- Monitor seven quality indicators in long term care to ensure appropriate quality of care is provided and where required, work with regions to identify root causes and improvement plans.
- Expand Seniors House Calls pilot projects in the Saskatoon Health Region and the Regina Qu'Appelle Health Region. The Seniors House Calls Program will support seniors with complex issues with a mobile team that includes physicians, nurse practitioners, and other healthcare providers, who will offer home visits and other services that better meet the needs of seniors.

Performance Measures

Use of daily physical restraints.
By March 31, 2016, the use of daily physical restraints will be reduced from current levels in long term care.

Use of antipsychotics without a diagnosis of psychosis.
By March 31, 2016, the use of antipsychotics without a diagnosis of psychosis will be reduced to from current levels in long term care.

Number of clients with MAPLe (Method of Assigning Priority Levels) scores of 3 to 5 living in the community supported by home care.
By March 31, 2017, increase the number of clients with MAPLe scores of 3 to 5 living in the community supported by home care (indicator of maintaining heavier levels of care in the community).

Progress towards implementation of pilot projects.
By March 31, 2016, the successful full-year implementation of Seniors House Calls pilot programming will have occurred in the Saskatoon an Regina Qu'Appelle Health Regions.

Number of Emergency Department visits in client cohort.
Decreased number of Emergency Department visits in client cohort by 50% over baseline (prior year usage).

Rate of hospital admissions in client cohort.
Decreased rate of hospital admissions in client cohort by 50% over baseline.

Rate of hospital readmissions in client cohort.
Decreased rate of hospital readmissions in client cohort by 50% over baseline.

Strategy

Mental Health and Addictions: By March 31, 2019, there will be increased access to quality mental health and addictions services and reduced wait time for outpatient and psychiatry services.

Key Actions

- Monitor wait times at all levels of urgency for outpatient mental health and addictions services to ensure individuals are seen in the appropriate timeframe.
- Support the implementation of Mental Health and Addictions Action Plan recommendations. The Ministry of Health will lead the development of the inter-ministerial implementation plan.

Performance Measures

Wait times for outpatient mental health and addiction services measured at all levels of urgency.
By March 31, 2016, meet triage benchmarks for outpatient mental health and addiction services 85% of the time.

Wait times for contract and salaried psychiatry services.
By March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time.

Progress on implementation of the Mental Health and Addictions Action Plan.
By March 31, 2016, a defined staged implementation plan for the Mental Health and Addictions Action Plan is developed.

Strategy

Primary Health Care: By March 31, 2017 people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions: diabetes, coronary artery disease, chronic obstructive pulmonary disease, congestive heart failure, depression, and asthma.

Key Actions

- Increase patient access to integrated primary health and mental health services through mental health and addictions screening and enhanced referral to specialized services.
- Evaluate Connecting to Care hotspotting pilots, one in Regina and one in Saskatoon, providing customized care to complex needs patients. Saskatchewan's health hotspotting is an innovative approach involving data analysis to identify high-cost, high-use patients not well served by the current system. The goal is to provide customized, intensive case management and outreach services for each patient that chooses to participate.

Performance Measures

Number of teams providing patients with integrated primary health and mental health programming.
50% increase in the number of teams providing patients with integrated primary health and mental health programming.

Number of patients who have completed a Healthy Living Questionnaire.
50% increase in the number of patients who have completed a Healthy Living Questionnaire (mental health and addiction screening).

Number of patients who access mental health services provided by Primary Health Care teams.
50% increase in number of patients who access mental health services provided by Primary Health Care teams.

Total cost of health system usage of hotspotting pilot patients, pre- and post-pilot period.
10% reduction in the average health system cost of services for patients enrolled in the Regina Qu'Appelle Health Region and Saskatoon Health Region hotspotting pilots.

Patient self-reported satisfaction with services received.
50% increase in patient satisfaction.

Total number of Emergency Department visits for hotspotting patients.
50% reduction in Emergency Department visits of hotspotting pilot patients, pre- and post-pilot period.

Government Goals

Sustaining growth and opportunities for Saskatchewan people	Meeting the challenges of growth	Securing a better quality of life for all Saskatchewan people	Delivering responsive and responsible government

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Care

Ministry Goal

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Strategy

Referral to Specialists and Diagnostics: By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

Key Actions

- Establish a provincial model to reduce the wait time to see a specialist.
- Test the model to demonstrate a 50% reduction in wait times.
- Begin replication of the model with two other specialty groups.

Performance Measure

The average number of days a patient waits from when they are referred by their primary care provider until they are seen by a specialist.

By March 31, 2016, a provincial framework for an appropriate referral to a specialist or diagnostics is developed and tested.

Strategy

Emergency Department Waits and Patient Flow: Existing efforts to reduce emergency department waits and improve patient flow will continue in 2015-16. Reducing emergency department waits and improving patient flow remain a key health system priority.

Key Actions

- Ensure that patients and families receive the right care at the right time and are actively involved in the creation of the care plan and goal setting. This will be done through the implementation of Interdisciplinary Team Rounds and Back to Basics Care across medical and surgical acute care units.
- Ensure that patients receive the right care at the right time in the right setting by the right provider by implementing standardized Transfer of Care strategy across all tertiary sites.

Performance Measures

Total Acute Care Length of Stay in units that have fully implemented Interdisciplinary Team Rounds.
Reduce total length of stay by 10% in units that have fully implemented Interdisciplinary Team Rounds.

Total Acute Care Length of Stay for patients awaiting transfer to their home region from tertiary care.
20% reduction in total Acute Care Length of Stay for patients awaiting transfer to their home region from tertiary care.

Strategy

Appropriateness of Care: By March 31, 2018, there will be a 50% reduction in inappropriate services.

Key Action

- Introduce a prototype under the 2014-15 Appropriateness Framework in Magnetic Resonance Imaging (MRI) of the lumbar spine. The prototype will test the effectiveness of the framework's planning and deployment strategy, engagement strategy, and data analysis capability.

Performances Measures

Measures contemplated for 2015-16:

- Assessments of physician engagement.
- Use of standard work in MRI of the lower spine.
- Appropriateness in requesting MRI of the lower spine.

By March 31, 2016, at least one clinical area within a service line will have deployed care standards and will be actively using measurement and feedback to inform improvement.

Government Goals

Sustaining growth and opportunities for Saskatchewan people	Meeting the challenges of growth	Securing a better quality of life for all Saskatchewan people	Delivering responsive and responsible government

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Value

Ministry Goal

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Strategy

Bending the Cost Curve: Health costs continue to increase. A focused effort is required to ensure the health system is sustainable into the future. Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

Key Actions

- Organizations will continue to pursue shared services initiatives that improve quality and reduce cost.
- Organizations will continue to pursue Lean efficiencies.

Performance Measure

2015-16 Regional Health Authority (RHA), Athabasca Health Authority, and Saskatchewan Cancer Agency financial status, as measured by surplus or deficit.

Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

Strategy

Strategic Investment in Infrastructure: By March 31, 2017, all infrastructures (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered with a provincial plan and adhere to provincial strategic work.

Key Actions

- Evaluate the effectiveness of alternative funding or delivery option strategies and build them into overall program management.
- Explore options to improve asset management across the system.
- Re-design and streamline the capital development process.
- Streamline and consolidate the provincial equipment prioritization and funding processes.
- Draft a provincial information technology strategic planning process, including an approved structure and decision-making process

Performance Measure

Progress towards addressing three high-impact areas.
By March 31, 2016, address three high-impact capital areas in information technology, facilities, and equipment that are at heightened risk for critical failure, using an alternative funding approach.

Government Goals

Sustaining growth and opportunities for Saskatchewan people	Meeting the challenges of growth	Securing a better quality of life for all Saskatchewan people	Delivering responsive and responsible government

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Teams

Ministry Goal

Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Strategy

Culture of Safety: By March 31, 2020, there will be no harm to patients or staff.

Key Actions

- Stop the Line (STL) is a process that not only allows, but expects, anyone (for example, staff members, patients, or family member) who encounters a hazard to report it immediately. The organization has an obligation to respond according to a pre-established process that will stop the reported activity. STL has been implemented at St. Paul's Hospital in Saskatoon. In 2015-16, STL will be replicated at Saskatoon City Hospital and Royal University Hospital.
- Support all RHAs to prepare for STL implementation by conducting a readiness assessment and addressing any gaps.
- Full implementation of the Safety Management System, a focused process that supports safe work practices in which healthcare providers work together with patients, families and care providers.

Performance Measures

Number of reported events by month, severity level (1 through 4), and facility unit.
By March 31, 2016, events are being reported by staff, patients and physicians from all units at City and Royal University Hospitals.

Readiness for implementation by RHA.
By March 31, 2016, all RHAs have conducted a readiness assessment and prepared an action plan.

Number of accepted Workers' Compensation Board claims for shoulder and back injury types.
By March 31, 2016, there will be a zero shoulder and back injuries.

Highlights

Saskatchewan's commitment to quality patient-and family-centred care continues, with a record $5.12 billion investment in health care in 2015-16.

This year's budget supports targeted investments in priority areas, including seniors care, emergency department waits and health infrastructure.

Key areas to support the health system include:

- $3.31 billion for Regional Health Authorities (increase of $55.7 million) for operating funding and targeted initiatives.
- $157.3 million for the Saskatchewan Cancer Agency to provide enhanced cancer care services - an increase of $1.58 million.
- $127.4 million capital investment (increase of $32.5 million), which includes:
  - $71.1 million for construction of the Swift Current Long-Term Care Facility and Leader Integrated Care Facility.
  - $7.8 million to complete the new hospital in Moose Jaw.
  - $4.5 million to continue work on the Kelvington Integrated Care Facility.
  - $500,000 for planning of a new hospital in Weyburn.
  - $27.8 million for critical infrastructure repairs.
  - $15.3 million for diagnostic and surgical equipment.
- $10 million new investment to enhance services for seniors at home or in long-term care:
  - $3.5 million to support seniors to remain at home as long as possible by enhancing the Home First/Quick Response Program in Regina Qu'Appelle, Saskatoon and Prince Albert Parkland health regions, and expanding the program in the Prairie North Health Region to an additional site.
  - $2.8 million in capital renovations in Regina Qu'Appelle Health Region and Saskatoon Health Region to develop specialized units for individuals with dementia or challenging behaviours.
  - $2.0 million in Individualized Funding that provides increased choice and flexibility for home care clients to choose their care provider, providing more services and eliminating the current wait list for funding in the Five Hills, Prairie North, Regina Qu'Appelle and Saskatoon Health Regions.
  - $1.0 million annually to support Purposeful Rounding, the practice of proactively seeing to the needs of long-term care residents within a prescribed amount of time, improving resident safety and satisfaction while improving quality care.
  - $700,000 to develop a new Geriatric Program in the Regina Qu'Appelle Health Region, including the recruitment of a geriatrician to Regina, to provide a range of services to seniors, including support for quality in long-term care.
- $3.0 million to advance work to reduce emergency department wait times and improve patient flow.
- $550,000 in annualized funds to make the Little Tots Autism Spectrum Disorder program in Saskatoon permanent.

Budget Adjustments:

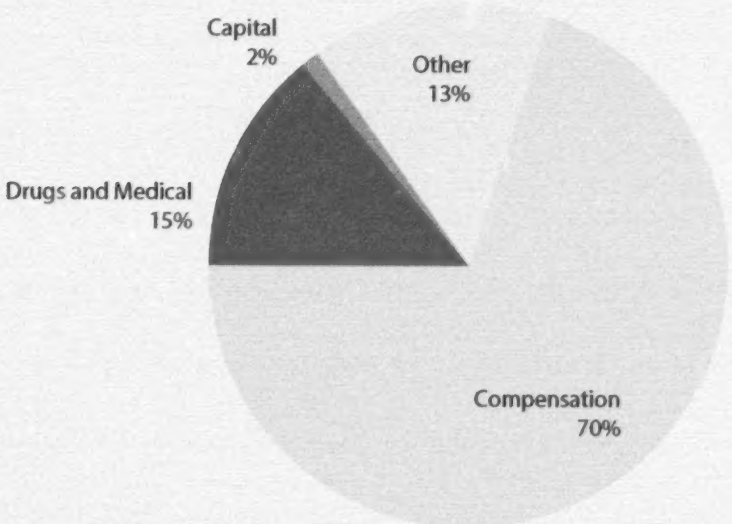
- Effective July 1, 2015, the income threshold for the Saskatchewan Seniors' Drug Plan will decrease from the federal age credit (2013 tax year - $80,255) to the provincial age credit (2013 tax year - $65,515). Of the 137,500 seniors that are eligible for coverage, approximately 6,000 seniors will be impacted. Seniors who are no longer eligible for the program may qualify for coverage under the Special Support Program if their drug costs are high relative to their income.
- Effective April 1, 2015, Saskatchewan Health Research Foundation, including provision of annual grant funding, will transfer to Innovation Saskatchewan.

Financial Summary

2015-16 Estimates	(in thousands of dollars)
Central Management and Services	10,977
Regional Health Services	3,606,708
Provincial Health Services	209,655
Medical Services and Medical Education Programs	905,900
Drug Plan and Extended Benefits	371,849
Early Childhood Development	11,102
Provincial Infrastructure Projects	12,262
Ministry Appropriation	**5,128,453**
Capital Asset Acquisitions	(12,685)
Non-Appropriated Expense Adjustment	4,856
Ministry Expense	**5,120,624**
FTE Staff Complement	**496.9**

For more information, see the Budget Estimates at: http://www.saskatchewan.ca/budget

Health's 2015-16 Expense Budget by Cost Type



For More Information

Please visit the Ministry's website at http://www.saskatchewan.ca/government/government-structure/ministries/health

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